



Privacy Release Form

Rev. 010813

CONGRESSMAN GARY C. PETERS

Michigan's Fourteenth Congressional District

The Privacy Act of 1974 requires that I obtain your direct authorization for my office to investigate on your behalf. Please complete and return this privacy release form to my **Michigan** office at the address listed below. Thank you for your cooperation.

Privacy Statement:

To Whom it May Concern:

I, _____, hereby authorize Congressman Peters and his staff to work on my behalf with any relevant federal agency and to receive and review any information contained in my file, and, if necessary, to forward any pertinent correspondence sent by me involving my immigration/visa issue.

Signature: _____ Date: _____

Beneficiary Information:

Type of Case: Employment/EAD Family Citizenship Removal Non-Immigrant Other: _____
(Please Circle)

Is there a specific form type involved with your case? (e.g. I-130, I-485, I-765, etc.): _____

Full Name (Print): _____	Male: _____ Female: _____
Receipt/Case Number: _____ (if applicable) e.g. WAC-11-123-45678, MTL2011123456	Date of Birth: _____
Alien Number: _____ (if applicable) e.g. A-123-456-789	Country of Origin: _____
	Passport Number: _____

Please give a detailed account of your issue. Please remember to include all pertinent documents, dates, addresses and contacts. (If necessary please attach additional pages):

Petitioner Information:

Full Name (Print): _____ Relationship: _____
(to beneficiary)

Address: _____

City, State, Zip: _____, _____ Telephone Number(s): _____ (mobile)
_____ (home)

E-Mail Address: _____ (work)

Is any other Congressional Office working on this matter?
If yes, which one? _____

Legal Signature: _____ Dated Completed: _____

Return this completed form by mail to: Congressman Gary Peters
400 Monroe Street, Suite 290
Detroit, MI 48226
Attn: Constituent Services (Immigration)

Or return by fax to: (313) 964-9959